



uMFOLOZI MUNICIPALITY APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:.....GRADE:.....

DEPARTMENT:.....

VACANCY CIRCULAR NO.:..... or PUBLIC ADVERTISEMENT DATED:.....

1. PERSONAL (BLOCK LETTERS)

Surname..... Mr/Mrs/Miss/Ms.....

First Names..... Contact Telephone Numbers: Cell:..... (W).....

Residential Address..... Postal Code.....

Postal Address..... Postal Code.....

Age..... Date of Birth

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Do you have any relatives employed by the municipality?

Name:..... Post/s Occupied:.....

| | | | | | | |
|---|--------|----------|-------|----------|------|--------|
| For purposes of complying with the Employment Equity Act of 1998 please tick (✓) the applicable boxes | | | | | | |
| African | Indian | Coloured | White | Disabled | Male | Female |
| | | | | | | |

Nationality:..... Identity No.

| | | | | | | | | | | | |
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2. HEALTH

Indicate state of health:.....

Give details of any serious operation, illness or disability which could be relevant to the job applied for:
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3. WORK EXPERIENCE

A. If already in the employ of the Municipality state: Service No.

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Present Department..... Present Grade.....

Present Position..... Date appointed:

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Length of service with the Municipality:..... Years,..... months. Date entered service

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B. If not in the employ of the Municipality:

Name of present employer..... Since:.....

Position Held:

Present basic salary..... Allowances.....

Details of previous position held

| Employer | Position | Period | | | | Reason for leaving | Certificate of Service held Y/N |
|----------|----------|--------|--|--|----|--------------------|---------------------------------|
| | | FROM | | | TO | | |
| 1) | | | | | | | |
| 2) | | | | | | | |
| 3) | | | | | | | |
| 4) | | | | | | | |

C. Have you previously been employed by any Municipality? Department

If so, state period from To Employee number.....

D. Are you or any member of your family a member of a close corporation, partnership, company or involved in any other business activity? YES/NO..... If yes, please state details.....

4. QUALIFICATIONS

a) Educational

(i) School..... Standard pass.....

(ii) Details of Degree(s) / Diplomas(s) / Certificate(s) held

| Nature of Degree/Diploma/Certificate | Date obtained | Where obtained |
|--------------------------------------|----------------------|----------------|
| | <input type="text"/> | |
| | <input type="text"/> | |

| (b) Proficiency in languages | Speak | Read | Write | Examinations Passed |
|------------------------------|-------|------|-------|---------------------|
| 1) English | | | | |
| 2) isiZulu | | | | |
| 3) Other | | | | |

5. Detail your relevant experience for this position as concisely as possible: (if considered necessary, attach a separate statement setting out information in greater detail):

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.....
.....

6. Have you ever been (a) Convicted of a Criminal Offence?.....

(b) Dismissed or requested to resign from any employment?

7. Drivers Licence Held

| Heavy/Light Type | Auto or Manual | Code | License No. | Is licence Endorsed Yes/No |
|------------------|----------------|-------|-------------|----------------------------|
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I hereby make application for appointment to the position indicated in the service of the Municipality and certify that my answers to the questions set out above are correct in every detail. I understand that false or misleading information/details may constitute grounds for dismissal.

Date:..... Signature:.....

ATTACH COPIES OF CERTIFICATES NOT ORIGINALS.

FOR USE BY HEAD OF DEPARTMENT ONLY

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